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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	10/599,010
<b>Filing Date</b>	September 18, 2006
<b>First Named Inventor</b>	Magali Bourghol Hickey
<b>Title</b>	Novel Pharmaceutical Forms, ...
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	TPI-5053C3XC1T

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 23557

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

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The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
City	State	Zip		
Country				
Telephone	Email			

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Magali B. Hickey</i>	Date	11/4/07
Name	MAGALI BOURGHOL HICKEY	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.

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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	21-Dec-2006
Name	MATTHEW PETERSON	Telephone	
Title and Company	Senior Scientist / Group Leader ; TransForm Pharmaceuticals		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Signature		Date	09 JAN 2007
Name	ORN ALMARSSON	Telephone	
Title and Company			

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Micheal J. Zawortko</i>	Date	06/20/07
Name	MICHAEL J. ZAWORTKO	Telephone	813 974 4129
Title and Company	Professor, University of South Florida		

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Tanise Shattock</i>	Date	10/18/07
Name	TANISE SHATTOCK	Telephone	
Title and Company			

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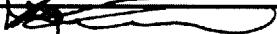
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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	12-JAN-2007
Name	JULIUS REMENAR	Telephone	781-674-7927
Title and Company	Principal Investigator/Group Leader, TransForm Pharmaceuticals		

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Mark Tawa</i>	Date	11/5/07
Name	MARK TAWA	Telephone	
Title and Company			

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